

**Attention:** Payments must be submitted electronically using **eForms, Business iFile**, or with an **ACH Credit** from your bank. Use these vouchers only if you have an approved waiver from the electronic payment requirement. To request a waiver, follow the instructions at: [www.tax.virginia.gov](http://www.tax.virginia.gov).

**Form 500ES**  
(DOC ID 501)

**Virginia Estimated Tax Declaration For Corporations**  
Virginia Department of Taxation  
P.O. Box 1500, Richmond, VA 23218-1500  
(804) 367-8037

VOUCHER 2

**Attention:** Payment must be made electronically using eForms, Business iFile or with an ACH credit from your bank. Use this voucher only if you have an approved waiver.

000000000000000000 5010000 000000 02

VA Account Number **35-** For mo./yr. ending

Name of corporation FEIN

Address (Number and street)

Address continued

City, State, and ZIP Code

I declare that this declaration has been examined by me and to the best of my knowledge and belief, it is true, correct, and complete.

Signature Date Phone

1. Estimated tax  
for the year .....\$

.00

2. Amount of this  
payment.....\$

.00

— Do not write below this line. —

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(DOC ID 501)

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Virginia Department of Taxation  
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VOUCHER 1

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000000000000000000 5010000 000000 01

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Address continued

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VOUCHER 4

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000000000000000000 5010000 000000 04

VA Account Number **35-** For mo./yr. ending

Name of corporation FEIN

Address (Number and street)

Address continued

City, State, and ZIP Code

1. Estimated tax  
for the year .....\$

.00

2. Amount of this  
payment.....\$

.00

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Signature Date Phone

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VOUCHER 3

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000000000000000000 5010000 000000 03

VA Account Number **35-** For mo./yr. ending

Name of corporation FEIN

Address (Number and street)

Address continued

City, State, and ZIP Code

1. Estimated tax  
for the year .....\$

.00

2. Amount of this  
payment.....\$

.00

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Signature Date Phone